

SERFF Tracking Number: PSEN-126693296 State: Arkansas  
 Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 46075  
 Company Tracking Number: FLA-NCAD-10  
 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only  
 Product Name: Accidental Death Insurance  
 Project Name/Number: /

## Filing at a Glance

Company: Fidelity Life Association, A Legal Reserve Life Insurance Company

Product Name: Accidental Death Insurance SERFF Tr Num: PSEN-126693296 State: Arkansas  
 TOI: H02I Individual Health - Accident Only SERFF Status: Closed-Approved- Closed State Tr Num: 46075

Sub-TOI: H02I.000 Health - Accident Only Co Tr Num: FLA-NCAD-10 State Status: Approved-Closed  
 Filing Type: Form Reviewer(s): Rosalind Minor  
 Authors: Barbara Ritzke, Chuck Ritzke, Betsy Alfaro, Deb Howver, Gary Newman, Jean Nickele  
 Date Submitted: 06/28/2010 Disposition Date: 07/19/2010  
 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval  
 State Filing Description:

Implementation Date:

## General Information

Project Name: Status of Filing in Domicile: Pending  
 Project Number: Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Group Market Size:  
 Overall Rate Impact: Group Market Type:  
 Filing Status Changed: 07/19/2010 Explanation for Other Group Market Type:  
 State Status Changed: 07/19/2010  
 Deemer Date: Created By: Deb Howver  
 Submitted By: Deb Howver Corresponding Filing Tracking Number:  
 Filing Description:

This filing consists of an accidental death insurance policy form and the application used to issue the policy. The product name is Accidental Death Insurance. All of the forms that make up this filing are new and not intended to replace any forms that are currently on file with the department.

Form F3702 is a one year fully guaranteed non-renewable basic accidental death benefit policy. The definition of accidental death and detailed exclusions are described in the contract. There is no premium charge for this policy. This

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policy is a zero premium introductory direct marketing offer intended to generate interest in hearing about various new insurance products available. There is no obligation for the prospect to purchase any products in order to receive this zero premium one year benefit.

This benefit may initially be offered at issue ages 18 thru 65 although the company may wish to limit or expand the ages depending on the success of this program and reinsurance considerations. The benefit expires one year after issue. A single face amount will be offered for all prospects within a given class or market segment, where the segment may be determined by issue age for new customers or current customer class for existing customers (e.g. product owned, tenure of customer, etc). The face amount offered will be between \$1,000 and \$10,000, although the company may decide to limit or expand the face amount offered depending on the success of the program and reinsurance considerations. The company reserves the right to limit the issuance of this zero premium benefit for a given insured to a single non-renewable one year term.

#### Reserves

Reserves for this policy will be held according to the statutory requirements in effect in the state in which this is filed. Reserves will reflect the value of the paid up benefit and zero premium assumption.

#### Cash Value

No cash values are required for this policy.

Lifetime Loss Ratio (for states that require minimum loss ratios under health insurance regulations)

Since this benefit is provided for zero premium, the policy will by definition exceed any minimum loss ratio requirements that may be in effect.

Form F1070E is the application form that will be used with the new Accidental Death policy.

## Company and Contact

### Filing Contact Information

Debbie Howver, deb@myactuary.com  
 35W841 Burr Oak Lane 224-402-2156 [Phone]  
 West Dundee, IL 60118 847-551-1795 [FAX]

### Filing Company Information

(This filing was made by a third party - problemsolvingenterprises)

Fidelity Life Association, A Legal Reserve Life Insurance Company	CoCode: 63290	State of Domicile: Illinois
1211 West 22nd Street	Group Code:	Company Type:
Suite 209	Group Name:	State ID Number:

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Oak Brook, IL 60523 FEIN Number: 36-1068685  
(630) 533-0392 ext. [Phone]

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? Yes  
Fee Explanation: \$50.00/form x 2= \$100.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fidelity Life Association, A Legal Reserve Life Insurance Company	\$100.00	06/28/2010	37604945

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/19/2010	07/19/2010

*SERFF Tracking Number:*      *PSEN-126693296*      *State:*      *Arkansas*  
*Filing Company:*      *Fidelity Life Association, A Legal Reserve Life Insurance Company*      *State Tracking Number:*      *46075*  
*Company Tracking Number:*      *FLA-NCAD-10*  
*TOI:*      *H02I Individual Health - Accident Only*      *Sub-TOI:*      *H02I.000 Health - Accident Only*  
*Product Name:*      *Accidental Death Insurance*  
*Project Name/Number:*      */*

## **Disposition**

Disposition Date: 07/19/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Supporting Document	Third Party Authorization Letter	Approved-Closed	Yes
Supporting Document	Certification of Compliance with Bulletin 11-83	Approved-Closed	Yes
Form	Accidental Death Policy	Approved-Closed	Yes
Form	Application for Accidental Death	Approved-Closed	Yes

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Product Name: Accidental Death Insurance

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## Form Schedule

### Lead Form Number: F3702

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/19/2010	F3702	Policy/Cont ract/Fratern Policy al Certificate	Initial		45.200	FLA_F3702_Accidental Death Insurance Policy_final_100625.pdf
Approved-Closed 07/19/2010	F1070E	Application/ Enrollment Form	Initial		45.600	FLA_F1070E_Application for Accid Death Insur_final_100626_JohnDo e.pdf



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## ACCIDENTAL DEATH INSURANCE POLICY

**This Policy Provides Coverage For One Year From the Policy Date**

**This is a Non-Participating Policy**

**The Policy is Non-Cancelable until the Expiry Date shown on Page 3**

Upon receipt of due proof of the Accidental Death of the Insured while coverage on such Insured is in force, Fidelity Life Association will pay the Death Benefit of this policy if the Insured dies solely as a result of accidental injuries. The death benefit will be paid to the Beneficiary when due proof of the Insured's death is received at our Home Office. The Company will also require the completion of its claims forms. We have issued this policy in consideration of the application. All benefits are subject to the terms and conditions of this policy. This policy is non-cancelable by the Company.

For service or information on this policy, contact the agent from whom you acquired the policy or Our Home Office.

**Right to Examine Policy:** We want You, the Policyowner, to be satisfied with your policy. You may, at any time after it is delivered, return the policy to our Home Office or to the agent from whom you acquired the policy and cancel this coverage. Once returned, the policy will be void from its beginning.

**Read this policy carefully.** This policy is a legal contract between the Policyowner and the Company. The entire contract consists of this policy, and any attached riders or endorsements, schedules, the attached written application, and any attached supplemental written applications.

**This is an accident only policy for a fixed amount and it does not pay benefits for losses defined under the exclusions listed on page 6.**

This Accidental Death Insurance Policy provides Accidental Death Benefit to Policy Expiry Date shown on page 3. This policy is not eligible for annual dividends.

**This policy is convertible to another accidental death benefit insurance policy, if any, offered by the Company for such purpose at any time prior to the expiry date of this policy.**

This Policy is signed for Fidelity Life Association, A Legal Reserve Life Insurance Company by Our President and Secretary.

A handwritten signature in black ink, appearing to read 'Mark A. Wray'.

Secretary

A handwritten signature in black ink, appearing to read 'Pamela Smith'.

President

**Fidelity Life Association, A Legal Reserve Life Insurance Company**  
**[1211 West 22<sup>nd</sup> Street, Suite 209**  
**Oak Brook, IL 60523**  
**Tel 630.522.0392**  
**Fax 630.522.0397]**

**Address for Correspondence:**  
**Fidelity Life Association**  
**[P.O. Box 9269**  
**Oak Brook, IL 60522-9269]**

To file a claim or to ask a question you may contact the agent from whom you acquired this policy or you may contact our Policyowner Service department at the address or numbers given above or on the web at:

**[www.fidelitylife.com](http://www.fidelitylife.com)**



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## POLICY SCHEDULE

Policy Number:	[123456789]	Accidental Death Benefit:	[\$10,000]
Insured:	[John Franklin Butterfield]		
Policyowner:	[John Franklin Butterfield]	Insured Gender and Age:	[Male 35]
Policy Date:	[September 1, 2010]	Expiry Date:	[September 1, 2011]

**Policy Description:** One Year Non-Renewable Accidental Death Insurance

**Beneficiary:** As stated in the application or as subsequently changed

**Total Initial Annual Premium:** \$0.00

By acceptance of this policy, I acknowledge that I may be contacted by a representative of Fidelity Life for purposes of solicitation of additional life insurance products.



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## DEFINITIONS

**ACCIDENT** means a detrimental event that occurs by chance, unforeseen and unintended.

**ACCIDENTAL DEATH** is a Death due to accidental bodily injury caused by an Accident occurring while the insurance is in force; the death must occur within 90 days after the date of the Accident, directly and independently of all other causes.

**AGE** is the age last birthday of the insured.

**BENEFICIARY** is the person, persons, or entity designated to receive the death benefit of this policy.

**EVIDENCE OF INSURABILITY** is satisfactory proof, as determined by Us, that a person is acceptable for insurance.

**EXPIRY DATE** is the date upon which all insurance coverage under this Policy terminates. The Expiry Date is shown in the Policy Schedule. Coverage under this Policy cannot be continued beyond the Expiry Date. You may cancel the Policy prior to the Expiry Date, as explained in the Cancellation provision.

**INSURED** is the person whose life is insured under this policy. The Insured is shown in the Policy Schedule.

**POLICY DATE** is used to determine the start of the Accidental Death Coverage provided by this Policy.

**POLICY ANNIVERSARY:** Shall be determined from the Policy Date as listed in the Policy Schedule.

**WE, OUR, THE COMPANY OR US** refers to Fidelity Life Association, a Legal Reserve Life Insurance Company.

**YOU, YOUR, or YOURS:** Refers to the Policyowner of this policy. The Policyowner may be someone other than the Insured.

## POLICY PROVISIONS

**ENTIRE CONTRACT:** This policy is a legal contract between the Policyowner and Us. The entire contract consists of this policy, and any attached riders or endorsements, schedules, the attached application, applications for modifications in the policy and any attached supplemental applications. We have issued this policy in return for the application. All statements made by or for the Insured in the application are in the absence of fraud, considered to be representations and not warranties. We can contest the validity of this policy for any material misrepresentation of a fact. To do so, however, the misrepresentation must have been made in the application and a copy of the application must have been attached to this policy when issued. Any change or waiver of its terms must be in writing and signed by Our President, Vice President, Secretary or an Assistant Secretary and endorsed on this policy to be effective.

**ASSIGNMENT:** You may assign this policy. For any assignment to be binding on Us, We must receive the original Assignment, or a signed certified copy at Our Home Office and it must be recorded by Us. Once We receive the original Assignment, or a signed certified copy, the rights of the Policyowner and the interest of any Beneficiary or any other person will be subject to the assignment. We will not be responsible for the validity of any assignment. We are not liable for any payment made by Us before We record the assignment.

**AUTOPSY:** Unless prohibited by law, we have the right to examine the body and have an autopsy done during the period when the claim is pending. We will pay for the autopsy.

**BENEFICIARY:** The Beneficiary shall be as designated on the application to receive any Accidental Death Benefits payable. If there is no Beneficiary living or named, Accidental Death Benefits will be payable to the Policyowner if living; otherwise to the Policyowner's estate. Any payment made by Us in good faith will fully discharge Us to the extent of such payment.

**CHANGE OF BENEFICIARY:** Unless You provide otherwise in writing to Us, You may change the Beneficiary during the lifetime of the Insured. Changes must be made by written request filed with Us. The change will take effect on the date the request was received, but it will not apply to payments made by Us before We accept the request in writing. We will have no liability for any action taken by Us before that acceptance.

**CANCELLATION OF THIS POLICY:** This Policy may be cancelled by a written request. Cancellation will take effect on the date we receive the written request at our Home Office.

**CONFORMITY WITH STATE STATUTES:** Any provision of the policy, which on the Policy Date is in conflict with the laws of the state in which You reside on that date, is amended to conform to the minimum requirements of such laws.

**LEGAL ACTION:** You cannot sue Us for benefits under the policy sooner than 60 days after We have been provided with written proof of Accidental Death as required. No such action may be brought after three years from the time written proof of Accidental Death is required.

**NONPARTICIPATING:** This policy is nonparticipating and does not share in the profits or surplus of the Company.

**PAYMENT BY THE COMPANY:** Payment by the Company is payable from our Home Office.

**POLICYOWNERS RIGHTS:** While the Insured is living, the Policyowner may exercise all rights given by this policy or allowed by Us. These rights include assigning this policy, changing Beneficiaries, changing ownership, enjoying all policy benefits and exercising all policy options.

The consent of any Irrevocable Beneficiary is needed to exercise any policy right.

### **RENEWABILITY**

This policy is Non-Cancelable until the Expiry Date shown on page 3 except as provided under the Termination of Coverage provision.

### **THE DEATH BENEFIT**

Written notice of claim must be given within 20 days after Accidental Death or as soon as reasonably possible. Written notice can be given to Us at Our Home Office at our address shown on the first page of this policy. Notice should include Your name and Your Policy Number.

When We receive the notice of claim, We will send You forms for filing proof of Accidental Death. If these forms are not given to You within 15 days, You may send us proof of Accidental Death requirements by giving Us a written statement of the nature and extent of the Accidental Death within the time limit as stated in the Proof of Accidental Death provision.

When we receive the surrendered policy and due proof that the Insured died as the result of an accident while this policy was in force, we will pay the death benefit within 30 days if reasonably possible. If payment is delayed for 30 days or more, we will pay you interest at a rate as required by the state in which this policy is issued.

**ACCIDENTAL DEATH BENEFIT:** If the Insured dies solely as a result of injuries we will pay the Accidental Death Benefit. The amount of the Accidental Death Benefit is shown on page 3.

Under this benefit, the term "injuries" mean bodily injuries due solely to an accident which results in the Insured's death within 90 days of the accident. The accident must occur while this policy is in force. Injuries do not include any accidental result from medical, surgical or dental treatment.

**Accidental Death Benefit Calculations**

In any policy year, the amount of the Death Benefit will be:

- (a) the Accidental Death Benefit in effect on the Insured's life; plus
- (b) the amount provided by any riders that are payable; plus
- (c) interest, not less than required by law, from the date of death to the date the claim is paid;.

**PROOF OF ACCIDENTAL DEATH:** To pay any benefit under this policy, we require that due proof of the accidental death be given to us at our Home Office. This proof must show that the Insured's death occurred:

- a. As a direct result of accidental bodily injury independently of all other causes; and
- b. Within 90 days after the injury was received; and
- c. While this policy was in full force.

Except for drowning and internal injuries shown by autopsy, the injury causing death must be shown by a visible wound on the exterior of the body. Unless prohibited by law, we have the right to examine the body and have an autopsy done during the period when the claim is pending.

**DEATH OF BENEFICIARY:** If any beneficiary predeceases the Insured, the portion of the proceeds that would have gone to that beneficiary shall be paid to the Estate of the Insured.

**MULTIPLE BENEFICIARIES:** If there is more than one beneficiary, proceeds shall be divided equally among the beneficiaries unless the beneficiary designation specifies the amount to be paid to each beneficiary.

**DEATH OF BENEFICIARY IN A COMMON DISASTER:** If any beneficiary dies with the Insured in a common disaster, proceeds will be paid as if the Beneficiary predeceased the Insured.

**EXCLUSIONS:** No Accidental Death Benefit will be payable if the Insured's death results directly or indirectly from any of these causes.

- a. Suicide: Suicide, while the Insured is sane or insane.
- b. War: War, declared or undeclared, or any act of war. War is defined as armed conflict between nations, or between factions in the same nation.
- c. Military Service: Service in the military forces of any country at war or in any civilian noncombatant unit serving with those forces. "War" includes undeclared war. "Country" includes any international organization or group of countries.
- d. Aviation: Travel in, or descent from or with, any kind of aircraft aboard which the Insured is a pilot or crew member or is giving or receiving any training. "Crew member" includes anyone who has any duty aboard the aircraft.
- e. Natural Causes: Bodily or mental illness, disease or infirmity of any kind or medical or surgical treatment for any of these.
- f. Drug: The taking or injection of any nonprescription drug, hypnotic or narcotic, accidentally or otherwise.
- g. Blood Alcohol: Fatal injury resulting from being legally intoxicated or under the influence of alcohol as defined by the state in which the fatal injury occurs.
- h. Speed Contest: Fatal injury which is incurred as the result of taking part in any speed contest.
- i. Felony: Fatal injury received while committing a felony.
- j. Unlicensed Operation of a Motor Vehicle: Fatal injury resulting from an accident where the Insured is the operator of a motor vehicle and did not possess a current and valid driver's license to operate that class of vehicle at the time of the accident.
- k. Hazardous Avocations: Fatal injury sustained flying in an ultra light aircraft, hang gliding, parachuting, bungee cord jumping, spelunking (cave exploration) or scaling up or down cliffs or mountain walls.
- l. Explosives: Fatal injury resulting from handling, storing or transporting explosives.

### **TERMINATION OF COVERAGE**

**TERMINATION OF THIS Policy:** This policy ends automatically on the earliest of:

- a. The date we pay an Accidental Death Benefit; or
- b. The Expiry Date of this Policy, as shown on the Schedule Page.

**This is a One Year Accidental Death Policy. It provides coverage for one year from the Policy Date. All coverage ceases on the Expiry Date (unless cancelled earlier by Your request) and The Policy may not be extended or renewed beyond this date.**



## ACCIDENTAL DEATH INSURANCE POLICY

**Fidelity Life Association, A Legal Reserve Life Insurance Company**  
**[1211 West 22<sup>nd</sup> Street, Suite 209**  
**Oak Brook, IL 60523**  
**Tel 630.522.0392**  
**Fax 630.522.0397]**

**Address for Correspondence:**  
**Fidelity Life Association**  
**[P.O. Box 9269**  
**Oak Brook, IL 60522-9269]**

To file a claim or to ask a question you may contact the agent from whom you acquired this policy or you may contact our Policyowner Service department at the address or numbers given above or on the web at:

**[www.fidelitylife.com](http://www.fidelitylife.com)**

Application for Accidental Death Insurance  
Fidelity Life Association, A Legal Reserve Life Insurance Company



PROPOSED INSURED	Full Legal Name of the Proposed Insured: <u>John D. Doe</u> Gender: <u>Male</u>
	Legal Residence Address: <u>111 Main Street, Anytown, IL 99999</u>
	Preferred Telephone #: <u>(211) 313-1111</u> Alternate #: ( ) - - - Best Time to Call: <u>evenings</u>
	Email Address: <u>jdoe@email.com</u>
	Date of Birth: <u>1 / 1 / 75</u> Place of Birth (Country): <u>USA</u> Social Security Number: <u>123-45-6789</u>
	Drivers License Number: <u>D898974</u> State of Issue: <u>IL</u>
	Are you a United States citizen or do you have Permanent Resident (Green Card) Status? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
COVERAGE	Product: Accidental Death Benefit Accidental Death Benefit Amount: \$ <u>10,000</u>
	<input type="checkbox"/> Other Rider or Option
	<input type="checkbox"/> Other Rider or Option
	<input type="checkbox"/> Other Rider or Option
	Have you ever been covered by our no cost Accidental Death Benefit coverage in the past? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
OTHER COVERAGE	Do you have any life insurance in force or is any application for life insurance, or reinstatement, now pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Name of Company: _____ Face Amount: \$ _____ Year Issued: _____ To Be Replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Company: _____ Face Amount: \$ _____ Year Issued: _____ To Be Replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Company: _____ Face Amount: \$ _____ Year Issued: _____ To Be Replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If this policy is issued, will any other life insurance or annuity be cancelled, terminated, lapsed or not renewed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
POLICY OWNER	Policyowner ( <i>Different than the Proposed Insured</i> )
	Name of Policyowner: <u>same as insured</u> Relationship to Insured: <u>self</u> SSN: <u>- - -</u>
	Policyowner Address: <u>same as above</u>
	Trust Name: <u>n/a</u> Authorized Signature Name: _____
	Tax ID: <u>- - -</u> Policyowner Address: _____
SECONDARY ADDRESSEE	Secondary Addressee
	Secondary Addressee Name: <u>Jane M. Doe</u>
	Secondary Mailing Address: <u>same as above</u>

NAME OF PROPOSED INSURED: John D. Doe

BENEFICIARY	Beneficiary (Complex beneficiary designations should be dealt with within the context of a Will)			
	Primary:	% of Benefit:	Relationship to Insured:	SSN/Tax ID:
	Jane M. Doe	100	spouse	987-65-4321
	Primary:	% of Benefit:	Relationship to Insured:	SSN/Tax ID:
	Contingent:	% of Benefit:	Relationship to Insured:	SSN/Tax ID:
	Jake L. Doe	100	son	213-654-9870

DECLARATION AND AGREEMENT	Each answer and statements given to the questions contained in this application is complete and true to the best of my knowledge and belief. I understand and agree that the Fidelity Life Association, A Legal Reserve Life Insurance Company (Fidelity Life) will rely on these answers, and the answers and statements I may give in any other form, taken as a part of this application, as representations and not warranties and that no such statement shall void the policy unless it is contained in a written application and a copy of such application shall be endorsed upon or attached to the policy when issued. I also understand that the Fidelity Life reserves the right to accept or deny this application after taking into account whatever information may be available to it, including availability as to coverage by its reinsurers.	
	The coverage will be effective on its date of issue if the information given in the application is true on that date. The effective date will be shown on page 3 of the Policy, provided one is issued.	
	<b>Fraud Warning:</b> Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.	
	Signed at: <u>Anytown, IL</u> Date: <u>6/26/2010</u>	
	<u>Electronically Signed By: First Name {Middle Name} Last Name</u> Signature of Proposed Insured	
	<u>Voice Signature on File: First Name {Middle Name} Last Name</u> Signature of Proposed Insured	Reference #: _____

AGENT	To the best of your knowledge, will the coverage applied for replace any life or annuity coverage now in force on the life of the Proposed Insured? (If Yes, complete appropriate State replacement forms.)	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Printed Name of Agent.: <u>Susan Smith</u>	
	Agent ID: <u>8457-095</u>	General Agent ID: <u>3672</u> State License Number: <u>IL-2457</u>
	Email Address of Agent: <u>ssmith@email.com</u> Telephone Number of Agent: <u>(211)-645-0928</u>	
	<u>Electronically Signed By: First Name {Middle Name} Last Name</u> Signature of Licensed Agent	

**By acceptance of the policy that may be issued, I acknowledge that I may be contacted by a representative of Fidelity Life for purposes of solicitation of additional life insurance products.**

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Product Name: Accidental Death Insurance  
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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	07/19/2010
<b>Comments:</b>		
<b>Attachments:</b>		
FLA_NCAD_Readability Certification.pdf		
AR_FLA_NCAD_Certification to Reg 49.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Application	Approved-Closed	07/19/2010
<b>Comments:</b>		
The application form for this submission is a new application form. The application is attached under the Form Schedule tab.		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Outline of Coverage	Approved-Closed	07/19/2010
<b>Bypass Reason:</b> Not applicable to this filing. This is an accidental death insurance policy.		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Statement of Variability	Approved-Closed	07/19/2010
<b>Comments:</b>		
<b>Attachments:</b>		
FLA_F3702_Accidental Death Policy_Statement of Variability.pdf		
FLA_F1070E_Application_Statement of Variability.pdf		

	Item Status:	Status Date:
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SERFF Tracking Number: PSEN-126693296 State: Arkansas  
Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 46075  
Company Tracking Number: FLA-NCAD-10  
TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only  
Product Name: Accidental Death Insurance  
Project Name/Number: /  
**Satisfied - Item:** Third Party Authorization Letter Approved-Closed 07/19/2010  
**Comments:**  
**Attachment:**  
FLA\_ThirdPartyAuthorization\_100225.pdf

**Item Status:** **Status**  
**Date:**  
**Satisfied - Item:** Certification of Compliance with Bulletin 11-83 Approved-Closed 07/19/2010  
**Comments:**  
**Attachment:**  
AR\_FLA\_NCAD\_Certification Bulletin 11-83.pdf

## READABILITY CERTIFICATION

Company Name: Fidelity Life Association

NAIC Number: 63290

FEIN Number: 36-1068685

Subject: Accidental Death Insurance Policy, form F3702,  
Application for Accidental Death Insurance, form F1070E.

As an officer of Fidelity Life Association, I hereby certify that the following forms achieve a Flesch score that meets or exceeds requirements as follows:

<u>Form Number(s)</u>	<u>Flesch Score</u>
<u>F3702</u>	<u>43.5</u>
<u>F1070E</u>	<u>41.3</u>

Ciaran Brady, Vice President - Operations

June 25, 2010

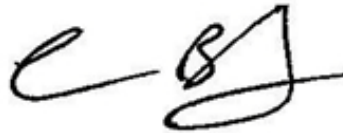
Date

## ARKANSAS CERTIFICATION

I, Ciaran Brady, Vice President - Operations for Fidelity Life Association, do hereby attest and certify to the following:

- The Company has further reviewed its issuance procedures and is compliance with Regulation 49, Life and Health Insurance Guaranty Association Notices.
- This submission meets the provisions of Regulation 19, Unfair Sex Discrimination in the Sale of Insurance, as well as all applicable requirements of the Arkansas Insurance Department.

FIDELITY LIFE ASSOCIATION



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Ciaran Brady, Vice President - Operations

June 24, 2010

Date

## **Statement of Variability**

**Company:** Fidelity Life Association, A Legal Reserve Life Insurance Company

**Contract Forms:** F3702 Accidental Death Insurance Policy

<b>Page #</b>	<b>[Variable Item]</b>	<b>Statement of Variability</b>
1 and back page	Company Address/Correspondence Address/Phone & Fax Numbers	Changed if company home office location, correspondence address, phone or fax numbers change.
3	Policy Number	All the policyowner specific contract data will be based upon each individual's information.
3	Insured	All the policyowner specific contract data will be based upon each individual's information.
3	Policyowner	All the policyowner specific contract data will be based upon each individual's information.
3	Policy Date	All the policyowner specific contract data will be based upon each individual's information.
3	Accidental Death Benefit	We would like to retain the right to change the Accidental Death Benefit between \$1,000 and \$300,000. Any such change would be going forward for new issues only.
3	Insured Gender and Age	All the policyowner specific contract data will be based upon each individual's information.
3	Expiry Date	All the policyowner specific contract data will be based upon each individual's information.

## **Statement of Variability**

**Company:** Fidelity Life Association, A Legal Reserve Life Insurance Company

**Contract Forms:** F1070E Application for Accidental Death

<b>Page #</b>	<b>[Variable Item]</b>	<b>Statement of Variability</b>
All	Company Address	Changed if company home office location changes
All	All applicant blanks and checkboxes to be completed by applicant or agent.	All the policyowner specific contract data will be based upon each individual's information.
1	Other Rider or Option	We would like to reserve the right to use plan-related application blanks for future applicable riders.



Established 1896

Innovation Is Our Policy<sup>SM</sup>

Fidelity Life Association  
1211 West 22<sup>nd</sup> Street, Suite 209  
Oak Brook, IL 60523  
Tel: 630.522.0392 Fax: 866.375.8175

February 25, 2010

To Whom It May Concern:

Please allow this letter to serve as authorization for Problem Solving Enterprises, Inc. and Newman Insurance Compliance Solutions, LLC to make rate, rule and form filings on behalf of Fidelity Life Association, a Legal Reserve Life Insurance Company. Problem Solving Enterprises and Newman Insurance Compliance Solutions serve as actuarial and compliance consultants for Fidelity Life Association.

Any questions may be directed to me at 630-371-1888.

Sincerely,

A handwritten signature in black ink, appearing to read 'C. Brady'.

Ciaran Brady  
Vice President of Operations

## ARKANSAS CERTIFICATION

I, Ciaran Brady, Vice President – Operations for Fidelity Life Association, do hereby certify to the following:

- The Company has reviewed Bulletin 11-83, Guidelines for Non-Guaranteed Costs on Participating and Non-Participating Life Insurance, and confirms compliance of such guidelines.

FIDELITY LIFE ASSOCIATION,  
A Legal Reserve Life Insurance Company

A handwritten signature in black ink, appearing to read 'C. Brady', is positioned above a horizontal line.

\_\_\_\_\_  
Ciaran Brady, Vice President - Operations

June 25, 2010

\_\_\_\_\_  
Date